

acts of violence may be committed (as has been already observed in mania transitoria from sunstroke), without the patient having any subsequent recollections of the same.

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ALBUMINURIA AS A SYMPTOM OF EPILEPSY.—Dr. Klendgen, Physician of the Provincial Insane Hospital at Bunzlau, ends an extensive memoir on the significance of the presence of albumen in the urine of epileptics, *Archiv f. Psychiatrie u. Nervenkrankheiten*, xi, Hft. ii, in which he discusses the subject exhaustively, with the following conclusions :

Traces of albumen are demonstrable in any urine possessing a certain degree of density.

Periodic slight augmentations of the quantity of albumen, without any simultaneous rise of specific gravity, are not so uncommon as to afford reason to be suspicious of them as symptoms of renal disease.

The urine voided after epileptic attacks exhibits no peculiarities in regard to its reaction or density.

Any demonstrable increase of albumen, due to an epileptic attack, is always very rare and slight in degree, and in male epileptics can generally be traced to the presence of semen in the urine.

Cylinders were found only once, in an epileptic suffering from nephritis, but not after attacks.

The utilization of the symptom of an increase of albumen in the urine after epileptic attacks in the diagnosis of dubious cases or those of forensic importance, as is often claimed, is clearly demonstrated to be not practicable by the above-stated results.

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THE CEPHALIC SOUFFLE IN THE ADULT. In 1838 Fisher (of Boston) published in the *American Journal of Medical Sciences* a paper in which he described the *bruit de souffle* in the head, and stated that he had met with this sound in auscultation of the cranium in cases of chronic hydrocephalus, cerebral congestion, either simple or coincident with dentition or whooping-cough, in acute encephalitis or meningitis, in suppuration of the brain, induration of that organ, etc. Other authors recognized the same sound later, and reported it with other affections; among others, M. Henri Roger, who found it only exceptionally after the closure of the fontanelles, and expressed the opinion that cranial auscultation is not really applicable to persons past the first two or three years of life. Subsequent writers to M. Roger have, as a rule, agreed

with him in this opinion, though it has, perhaps, not been altogether denied that the cerebral *souffle* might occur in the adult also.

M. Raymond Tripier, in a memoir published in the *Revue de Médecine* (the continuation of the *Revue Mensuelle*), Nos. 2 and 3 of this year, takes up the subject anew and reports six cases of the occurrence of this intracranial *souffle* in the adult, with a very thorough discussion of the conditions of its occurrence and its significance. The following are the conclusions of his memoir :

1. The cephalic *souffle* occurs in the adult as Fisher and Whitney have stated, and, contrary to the opinion of M. Henri Roger, now generally accepted.

2. I have met with it in one case of anæmia from neuralgia, in several cases of chlorosis, in one patient suffering from cachectic anæmia, in one case of intracranial tumor, and in a case of hydrocephalus.

3. It is a profound systolic *souffle* that can be heard over the whole cranium, but principally over the lateral portion at the horizon of the temples ; its maximum intensity is in the right temporal region, and it does not appear to be modified by changes of position of the head and trunk.

4. The patients in whom it occurs have no intermittent sound synchronous with the *souffle* heard on auscultation, and, consequently, with the cardiac systole, the intensity of which is in direct relation with that of the cephalic *souffle*.

5. Both this subjective sound and the *souffle* may be modified or suppressed momentarily by the compression of the carotid on the side auscultated, or even that of the opposite side. Simultaneously we observe in the anæmic patients the production of a general *malaise*, with numbness of the hand of the side opposite the compressed carotid. These phenomena are most marked, or are only produced by compression of the right carotid.

6. The cephalic *souffle* may be diminished or disappear with a cure or an aggravation of the disorder which it accompanies.

7. The cephalic *souffle*, being perfectly synchronous with the carotid systole, ought to have its origin in the arterial system. It is not due to a transmission of the systolic *souffle* of the heart that we observe in anæmic or chlorotic patients, nor to that of a *souffle* occurring in the arteries or veins in the neck. By exclusion, we locate it in the terminal portion of the internal carotid, at the point where it enters the cranial cavity. Not only are there many

reasons militating in favor of this location, but in one case there was found a small tumor, situated alongside the artery at this horizon, which gave rise to a sound altogether similar to that found in the other cases. The *souffle* may be produced on both sides, or only on one side, and that, preferably, the right.

8. In anæmias due to hemorrhages or to cachexia, as well as in chlorosis, the cephalic *souffle* is met with when the symptoms of anæmia are especially intense and of long duration, notably when there is a very pronounced discoloration of the integuments, palpitations and breathlessness with the slightest exertion, digestive disturbances, and especially vomiting, together with great weakness.

9. In these cases there exists a cardiac systolic *souffle*, which is lacking in cases connected with an intracranial lesion.

10. A cephalic *souffle* without any corresponding sound at the base of the heart, and especially without coëxisting anæmia, ought to suggest the possibility of compressions of the internal carotid in its terminal portion, when there is no disease of the orbit.

11. The cephalic *souffle* can be distinguished by the above condition from the continuous *souffle* with reinforcements, which may appear intermittent, produced by communication of the carotid with the cavernous sinus, as well as from the intermittent *souffle* due to aneurisms of the carotid and the ophthalmic arteries, since in both these cases there are characteristic symptoms on the part of the orbit.

12. We have not met with the cephalic *souffle* in the cerebral affections mentioned by Fisher and Whitney, with the exception of hydrocephalus.

13. We have also not found it in the healthy adult.

14. Is there a continuous cephalic *souffle*? We have not met with it in the adult. But the patients may hear sounds that are probably venous *bruits*, either continuous or intermittent, but which must not be confounded with those accompanying the cephalic *souffle*.

15. The cephalic *souffle* may afford important indications for the diagnosis, prognosis, and the treatment of the disease in which it occurs.

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HAIRY GROWTHS IN INSANE FEMALES.—Dr. A. McLane Hamilton, *N. Y. Med. Record*, March 12th, in a paper read before the N. Y. State Medical Society, Feb. 1st, calls attention to abnormal